

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO FIRST PAC			FEC IDENTIFICATION NUMBER ▼ C C00666750		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee ASCENT MEDIA LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2018		
Mailing Address 7600 E. EASTMAN AVENUE SUITE 405			Amount 7700.00		
City DENVER State CO Zip Code 80231		Transaction ID : SE.4269 Date of Disbursement or Obligation MM / DD / YYYY 05 / 02 / 2018			
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type			
Name of Federal Candidate RENACCI, JAMES B, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2018		
Mailing Address 12854 KENAN DR STE 145			Amount 58362.00		
City JACKSONVILLE State FL Zip Code 32258		Transaction ID : SE.4270 Date of Disbursement or Obligation MM / DD / YYYY 05 / 01 / 2018			
Purpose of Expenditure MEDIA PLACEMENT		Category/ Type			
Name of Federal Candidate RENACCI, JAMES B, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66062.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>DOZIER, JULIE, ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 06 / 29 / 2018		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO FIRST PAC		FEC IDENTIFICATION NUMBER ▼ C C00666750	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MAJORITY STRATEGIES, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2018	
Mailing Address 12854 KENAN DR STE 145		Amount 1750.00	
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.4271
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 01 / 2018	
Name of Federal Candidate RENACCI, JAMES B, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	67812.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DOZIER, JULIE, , ,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 29 / 2018

Signature